## **Acute Care Visit**

(Three page pathway)



1

Patient Name		Inmate Number	Date of Birth	Today's Date
ALLEDGIES:				
ALLERGIES;				
Problem:				
SUBJECTIVE: (Any pr	roblems since last visit – inc	clude pertinent negatives)		
-				
7				
Current Medications	Dose	Frequency	Adherence	Side-effects/Complaints
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***		
Can patient list all medication	ons? Yes	No COMME	ENTS:	
Risk Factor Assessment	_		***************************************	
Is patient following	ng diet? Yes	No		
Is patient smoking	g? Yes	No		
Is patient obese? Other:		No		
OBJECTIVE:				
Data Review (i.e. fingerstic	ck flowsheet, B/P record,	CXR)		
	Source		Cor	nments
Parama Taman	D	D. D/I	D	
Exam: Temp:	Peak Flow: Pulse (	R:B/I	<del></del>	
GENERAL APPEARA	ANCE: Healt	ov Chronically III	Non-Ambulator	v Other:
7		Abnormal, Describe:		
		hrush Poor dentition		
Neck: Not done	Normal	_ Abnormal, Describe:		
Lymph node	es			
Chest: Not done	Normal	Abnormal, Describe:		

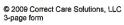
#### 2

## **Acute Care Visit**

(Three page pathway)

CCS CORRECT CARE

Patient Name	Inmate Number	Date of Birth	Today's Date							
Heart: Not done Normal	Abnormal, Describe:									
Pulmonary: Not done Norm	al Abnormal, Describe_									
Wheeze Rales Other										
Abdomen: Not done Norma Hepatic enlargement	Abnormal, Describe:									
Extremities: Not done Normal Abnormal, Describe: Edematous										
VASCULATURE/PULSES:										
Pedal: Not done Normal	Abnormal, Describe:		Diminished							
Carotid: Not done Normal	Abnormal, Describe:		Bruit							
Skin: Not done Normal	Abnormal, Describe:									
	Normal Abnormal, D	Describe:	-							
Feet Abnormal, Describe:										
Neuro: Not done Normal	Abnormal, Describe:									
Ataxis Tremors Neuropathy										
ASSESSMENT:										
ASSESSMENT:										
ASSESSMENT:  Condition Improved Stable	Inactive Uncontrolled	Worsening Comments								
70 70	Inactive Uncontrolled	Worsening Comments								
70 70	Inactive Uncontrolled	Worsening Comments								
70 70	Inactive Uncontrolled	Worsening Comments								
70 70	Inactive Uncontrolled	Worsening Comments								
70 70	Inactive Uncontrolled	Worsening Comments								
Condition Improved Stable										
Condition Improved Stable  PLAN:	ons Change medications to	D;								
Condition Improved Stable  PLAN:  Medication: Continue current medicati	ons Change medications to	D:								
Condition Improved Stable  PLAN:  Medication: Continue current medication change:  Labs (include indication):	ons Change medications to	D:								
Condition Improved Stable  PLAN:  Medication: Continue current medicati  Reason for medication change:  Labs (include indication):  If on warfarin (coumadin), order PT:	ons Change medications to	o;								
Condition Improved Stable  PLAN:  Medication: Continue current medication change:  Reason for medication change:  Labs (include indication):  If on warfarin (coumadin), order PT:  Other tests (i.e. EKG, CXR), indication:	ons Change medications to	D;								
Condition Improved Stable  PLAN:  Medication: Continue current medicati Reason for medication change:  Labs (include indication):  If on warfarin (coumadin), order PT:  Other tests (i.e. EKG, CXR), indication:  Special Nursing Care:	ons Change medications to	D;								
Condition     Improved     Stable       PLAN:     Continue current medication       Medication:     Continue current medication       Reason for medication change:     Labs (include indication):       If on warfarin (coumadin), order PT:     Other tests (i.e. EKG, CXR), indication:       Special Nursing Care:     Immunizations:	ons Change medications to	D;								
Condition       Improved       Stable         PLAN:       Medication:       Continue current medication reason for medication change:         Labs (include indication):       If on warfarin (coumadin), order PT:         Other tests (i.e. EKG, CXR), indication:       Special Nursing Care:         Immunizations:       Activities:       No restrictions       Other	ons Change medications to	9;								
Condition     Improved     Stable       PLAN:     Continue current medication       Medication:     Continue current medication       Reason for medication change:     Labs (include indication):       If on warfarin (coumadin), order PT:     Other tests (i.e. EKG, CXR), indication:       Special Nursing Care:     Immunizations:	ons Change medications to	9;								





#### 3

## **Acute Care Visit**

(Three page pathway)

CCS CORRECT CARE

Patient Name	Inmate Number	Date of Birth	Today's Date
Education during this visit: Exercise			f-care Medication adherence
Discussion of: Disease proces			
Advance direct	ives		
Disposition: Return to clinic			*
COMMENTS:			
Signature:		Title:	
Time: am pr	n		



# Annual Chronic Care Visit Practitioner Order Set

Page 1 of 2



Patient Na	Patient Name Inmate Number		Booking Number	Date of Birth	Today's Date	
THEREAF	TER. IT HAS BEEN RELEASED AND	REARRESTED SINCE	EXAM (TYPICALLY DONE 3 MELAST VISIT, PLEASE USE OR TAINED REGARDLESS OF MISS	DER SET FOR INITIAL	·	
Physicia	an:		Allergies:			
Date & 1	Гіme of Initiation:		Another brand of drug	g identical in form n	nay be dispensed	
	PLEASE CLEARLY INI NECESSARY TO AVOI		ER SET(S) TO BE USED	AND ADJUST ORI	DER SETS AS	
	ASTHMA / COPD	D DOT EIGHTIVE V	JADERO.			
	Peak flow					
	Offer Influenza vaccine vaccinated)	0.5cc IM (if exam o	ccurs during flu season an	d patient has not a	Iready been	
	Offer Pneumococcal va	ccine 0.5cc IM/Sub	Q (if 5 years or more since	previous dose)		
	Theophylline level (if ap	propriate)				
	DIADETEC					
	DIABETES					
	Draw a hemoglobin A10					
	Obtain Dip-stick Urinaly (+) for protein)	sis and Dip-stick ur	ine assay for microalbumin	ı (unless Dip-Stick	Urinalysis is gross	ly
			QHS snack / without QHS			
			alternating BID / QDay / T			
	vaccinated)		ccurs during flu season an	d patient has not a	Iready been	
	Refer to optometry/opht					
			Q (if 5 years or more since	previous dose)		
	Weigh patient and docu	ment				
	HTN / CAD					
	Obtain Diagnostic Pane	I III. Dip-stick Urina	lvsis, and EKG			
			vice Weekly / Qweek / Biw	eekly / QMonth X _	Days	
	Weigh patient and docu			3381		
	Renew Cardiac Diet x 9	0 days				
	HIV					
		and Diagnostic De	mal III			
	Obtain CD4, Viral Load, Obtain a CXR	and Diagnostic Pa	nei III			_
	Perform Pap Smear on	all female nationts	21-64 years of ane			_
			Q (if 5 years or more since	nrevious dose)		
			ccurs during flu season ar		Iready been	
	Weigh patient and docu	ment				
	HYPERLIPIDEMIA					
	Obtain Diagnostic Panel					



CCS-OS05 revised 08.08.2011 NOTE: 2-page Form

# Annual Chronic Care Visit Practitioner Order Set

Page 2 of 2



Patient \	lame	Inmate Number	Booking Number	Date of Birth	Today's Date
	Renew Cardiao	Diet x 90 days			
	Weigh patient a	and document			
	SEIZURES				
		owing restrictions: bottom b	unk lower lovel, no weeki	ing with naver tools	no working at baid
	no driving X 90	davs	unk, lower level, no work	ing with power tools	, no working at neigi
	Obtain the follo	wing:			
	Diagnos	tic Panel III and PT/PTT (if	taking valproic acid)		
	Drug Level if a	taking Dilantin or Tegretol) opropriate (specify drug):			
		RS (INCLUDING MEDICA)	TIONS)		
	Follow-up 6 mg	ays / 60 days / 90 days onths / 12 months (to be use	d with stable by salinidar	mia anha	
	Follow-up o nio	intris / 12 months (to be use	ed with stable hyperlipider	ilia oriiy)	



CCS-OS05 revised 08.08.2011 NOTE: 2-page Form

# CHRONIC CARE Asthma/Pulmonary Initial Visit



Patient Name Inm.	ate Number		Booking Number	Date of Birth	Today's Date	
SUBJECTIVE: Review chart for other medical	problems	AL	LERGIES:			
Current problems:						
Onset of Disease:						
Date of last exacerbation:						
Aggravating Factors (circle all that apply)		·				
Seasonal Changes Poller Other		st	Smog Cigarette	e Smoke	Exercise	
	res No	Dat	a*			
Endotracheal intubation required ?			e:es, approx date:			
Chronic cough? Yes No	103 140	_	ical peak flow:			
Medications: Name/ Dosage/ Frequence	OV.	тур	icai peak ilow.			
Wedioations. Name/ Dosage/ Frequent						
Steroids used to treat? Yes No Unk	nown	Nor	ne/ dosage / when:			
OBJECTIVE: Vital signs: P R						
					O2Oat (COFD	<i>'</i>
Lab Results: Diagnostic Results:						
DIRECTED PHYSICAL EXAM	WNL	ABN			WNL	ADM
SKIN	AAIAL	ADN	DIRECTED PHY	SICAL EXAM	AAINL	ABN
HEENT			EXTREMITIES			
HEART			OTHER:			
Physical Exam Abnormalities:						
ASSESSMENT:						
1. ASTHMA (Circle):Mild intermittent	Mild P	ersistent	Moderate Persis	tent Sev	vere Persistent	
Degree of control (circle):	∋ood Fair	Poor				
2. COPD Degree of control (circle):	Good Fair	Poor				
Additional Diagnoses:						
INTERVENTIONS AND PLAN Use Treatme	nt Plan Form	CCS-CC1	0 for initial treatment plan			
Medication changes:			•			
Education: □ nutrition □weight managemen					ptom managem	ent
Comments and Immediate Needs:			•	•		
Follow-up appointment in:		Provider	Signature:			
ap appendiction			J. 31 Ididi O		Duit	



## Chronic Care Other – Initial Visit



	Patient Name Inmate N	umber	Во	ooking Number	Date of Birth	Today's Da	ate				
	Chronic Care Condition:										
	SUBJECTIVE: Review chart for other medical problems  ALLERGIES:										
	Current Problems: Smoking History: Current Medication:										
	OBJECTIVE: Vital signs: P R Lab Results: Diagnostic Results:		\	<b>∕</b> /t							
Γ	DIRECTED PHYSICAL EXAM	WNL	ABN	DIRECTED P	HYSICAL EXA	M	WNL	ABN			
	SKIN			ABDOMEN							
	HEENT			EXTREMITIES							
	HEART			NEURO							
	LUNGS			OTHER:							
	Physical Exam Abnormalities:										
	ASSESSMENT:										
	Degree of control (circle): Good	Fair Po	oor								
	Additional Diagnoses										
	COMMENTS:										
3											
38	INTERVENTIONS AND PLAN Use Treatment	t Plan Form (	ccs-cc	10 for initial treatment plan							
	Medication changes:										
	Diagnostics:										
	Monitoring;							-71			
	Education: □ nutrition □weight management □					symptom m	anageme	nt			
	Comments and Immediate Needs:			_			-				
19	Follow-up appointment in:	Pı	rovider	Signature:			)ate:				

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### **Referral Form**



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date						
☐ Asthma		☐ Hypertension	n							
☐ COPD/Pulmonary	□ HIV									
☐ Cardiac	☐ Mental Health									
☐ Seizures		☐ Pregnancy								
☐ Diabetes		□Hep C.								
☐ Non-Insulin Dependent Diabetes	3									
☐ Other										
Medications Verification										
☐ Called 1st Attempt Date / Time:	/ □ Faxed	☐ Called 2 <sup>nd</sup> Attempt Date /	Time:/_	□ Faxed						
Dispensing Agency Name and Photo □Pharmacy □Do		ily □ Other(please spe	oifu)							
Name:			•							
Phone Number:										
Medications										
Medication(s) Name and Dose:	Last Date Filled:	Date Last Taken:	(check only if applicabl	le)						
			/erified ☐MD Notified							
·			/erified □MD Notified							
-			Verified ☐MD Notified							
			Verified ☐MD Notified							
· -			Verified ☐MD Notified							
Source:	Contact									
Provider Appointment Date:										
Form Completed By										
48		1 1								
Printed Name	Signature	Date								



# **Chronic Care Diabetes Mellitus Initial Visit**

Booking Number

Date of Birth

Inmate Number



Today's Date

SUBJECTIVE: Review chart for other medical problems  ALLERGIES:							
Current Problems:							
Type of Diabetes (Circle one): 1 2					ramination:		
Current medication(s)							
Circle all that apply:							
Adherent to medication Ad	dherent to diet	Drug/Ald	cohol abuse Recen	t weight changes _	Chest Pa	in	
Shortness of Breath (exercise / rest) Ex	cessive Thirst	Frequen	t Urination at night	Vision difficulties	/ Prior Laser Treatn	nent	
Cardio/Pulm Difficulties Ki	dney Trouble	Slow He	aling sores on legs or feet	Loss of sensation	n in feet		
Other:							
Frequency of finger-stick glucose:		oical res	sults:	A1C:			
				***			
OBJECTIVE:Vital signs: P R	BP	Wt	Blood Sugar_				
DIRECTED PHYSICAL EXAM	WNL	ABN	DIRECTED PH	YSICAL EXAM	WNL	ABN	
SKIN			EXTREMITIES				
HEENT			FEET (sensory exam 8	skin integrity)			
HEART			PULSES (dorsal pedal	is & posterior tibia	alis)		
LUNGS							
Physical Exam Abnormalities:							
9=							
ASSESSMENT:  1. DIABETES MELLITUS (Circle one)  Degree of Control (Circle one)  Additional Diagnoses:	• •	Type Fair	2 Type 2 on inst Poor	ulin			
INTERVENTIONS AND PLAN Use Tre		CCS-CC	:10 for initial treatment plan				
Medication changes:							
Monitoring; BSx day /							
Education: □ nutrition □weight managen		•	_			ent	
Comments and Immediate Needs:							
Follow-up appointment in:		Provide	· Signature:		Date		
. опом-ир ирропшноп пп		IOVIGE	oignature		Date		



#### **Comprehensive Diabetes Foot Examination Form**

Adapted from the National Diabetes Education Program's Foot Screening Form



Patient Name	Inmate Number	Booki	ing Number	Date of Birth	Today's Date
Age at Onset: Diabetes	Type □ 1 □ 2 Cu	rrent	Treatment:   Die	t □ Oral □ Ins	sulin
	nopathy pheral Vascular Disease	•		el with a "+" in atient can feel m) nylon filam	the five circled areas the 5.07 Semmes- ent and "-" if the
II. Current History     1. Any change in the foot or feet si     □ Yes □ No     2. Current ulcer or history of a foot     □ Yes □ No		?	NOTES	NO7	ES
III. Foot Exam  1. Pedal Pulses (Fill in the blanks with a "P" or a absent.) Posterior tibial: DoiLeftRight  2. Skin Condition (Measure, draw in condi□tion using the keand foot diagent of the condisc	rsalis pedis:LeftRight and label the patient's s gram to the right.) W = Warmth U = Ulcer	kin	Right Foot		Left Foot
V. Risk Categorization (Check app Low-Risk Patient All of the following:  ☐ Intact protective sensation ☐ No prior foot ulcer ☐ No severe deformity	ropriate item.)  □ No severe deformity □ Pedal pulses present □ No amputation		High-Risk Patient One or more of the Loss of prot Absent peda Severe foot History of fo	e following: ective sensational pulses deformity	
VI. Footwear Assessment			Education		
<ol> <li>Does the patient wear appropria         □ Yes □ No</li> <li>Does the patient need inserts/or         □ Yes □ No</li> </ol>	thotics?		Has the patient had  ☐ Yes ☐ No  Can the patient der  ☐ Yes ☐ No		
VII. Management Plan (Check all th					
☐ Provide patient education for p	preventive toot care				
Date:Pro	ovider Signature:				



## CHRONIC CARE GERD Follow-Up Visit



Patient Name			Patient Num	ber	Booking Number	Date of Birth	Today's Date	
SUBJECTIVE: Review chart for	or other	medic	al problems	Allergi	es:			
-								
0								
Current Problems:								
Current Medication:		NO		م ماله ۵	ant to distinguished and	VEC. N	10	
Treated for <i>H. pylori</i> ?					ent to diet/commissary?	YES N	Ю	
			months		nan 3 months	0) 4.0/50)		
	0 1	2 3			nanges? 0 (No	, , ,		
Symptoms when lying down? 0					ng or gassy feeling? 0 (N			
Symptoms when standing up?						2 3 4		
	0 1		•		3	2 3 4		
Symptoms wake from sleep? 0					-			
Interpretation: Total <14 indic		ııld GE	RD; Total	<u> &gt;13 indi</u>	cates Moderate to Severe	GERD		
Answer Key (unless otherwise st		IEDOG	o b	0711500		507.451		10
0= NONE 1= NOTICEABLE/NO						ECT ADLS 4= II	NCAPACITATIN	NG
OBJECTIVE: Vital signs: F Lab Results: Diagnostic R		=0	BP <sub>.</sub> _		Wt			
DIRECTED PHYSICAL	EXAM		WNL	ABN	DIRECTED PHYS	SICAL EXAM	WNL	ABN
SKIN					ABDOMEN			
HEENT					EXTREMITIES			
HEART					NEURO			
LUNGS					OTHER:			
Physical Exam Abnormalities:								
ASSESSMENT: 1.								
Degree of o		circle):	Good	Fair P	oor Clinical Status (	circle): Same	Improved W	Vorse
COMMENTS:	, ,	J. 10.07.	0000				p.orea	10,00
INTERVENTIONS AND DLAN		T 4			040 6 1-141-1 444			
INTERVENTIONS AND PLAN	_							
Medication changes:								
Diagnostics:					_			
Monitoring:								
Education: □nutrition □weight	manag	ement	□diet □di	isease pro	ocess □smoking cessation	□exercise □ s	ymptom manage	ement
Comments and Immediate Ne	eds:							
Follow-up appointment in:					Provider Signature			-



# **CHRONIC CARE GERD Initial Visit**



Patient Name		Patient Nu	mber	Booking Number	Date of Birth	Today's Date	
SUBJECTIVE: Review chart for of	her med	lical probler	ns Allergi	es	V		
							<del></del> 5
Adherent to diet/commissary?	/ES	NO					
Current Problems:							
Current Medication:							
Severity of GERD? 0	1 2	3 4	Diet c	hanges?	0 (NO) 1 (YES)		
Symptoms when lying down? 0	1 2	3 4	Bloati	ng or gassy feeling?	0 (NO) 1 (YES)		
Symptoms when standing up? 0	1 2	3 4	Difficu	ılty swallowing?	0 1 2 3 4		
Symptoms after meals? 0	1 2	3 4	Pain v	vith swallowing?	0 1 2 3 4		
Symptoms wake from sleep? 0	1 2	3 4	TOTA	L:			
Interpretation: Total <14 indicate	s mild (	SERD; Tot	al >13 ind	icates Moderate to Se	evere GERD		
Answer Key (unless otherwise stated					<del></del>		
0= NONE 1= NOTICEABLE/NOT B	•	SOME 2=	BOTHERS	OME EVERY DAY 3:	AFFECT ADLs 4= II	NCAPACITATIN	IG
OBJECTIVE: Vital signs: P_							
Lab Results:	n	вг	- 2	W			
Diagnostic Resu	ılts:						
DIRECTED PHYSICAL EXA	M	WNL	ABN	DIRECTED	PHYSICAL EXAM	WNL	ABN
SKIN				ABDOMEN			
HEENT				EXTREMITIES			
HEART				NEURO			
LUNGS				OTHER:			
Physical Exam Abnormalities:							
-							
ASSESSMENT:							
1							
Degree of control (circle):	Good	Fair Poo	or				
COMMENTS:							
INTERVENTIONS AND PLAN: (	lse Trea	tment Plan F	orm CCS-C	C10 for initial treatment	: plan		
Medication changes:							
Diagnostics:							
•							
Education: Unutrition Uweight man				_		_	ement
Comments and Immediate Needs	·						
-							
Follow-up appointment in:				Provider Signature			



# **CHRONIC CARE HIV/AIDS Initial Visit**



Patient Name	Inmate Num	ber	Booking Nur	nber	Date of Birth	Today	y's Date	
SUBJECTIVE: Review chart for other medical p	problems			ALLERGIE	S:			
Current problems:								
Initial Year of Diagnosis Result o				Result of initi	ial CXR			**
Medication at entry:								
Adherent to medical recommendations? Yes	No If r	ot, comm	ent:					
Past Medical History/Review of Systems:								
Physician:	Last Visit_			Pharmacy _				
Last CD4 Count/ Date		La	ast Viral Load		/ Date			
Opportunistic Infections (Circle):								
Candidiasis CMV Cryptococo	us Histor	olasmosi	s Herpes	Simplex N	MAC TB	PCP To	oxoplasr	nosis
Other:	If (+	), list dat	tes:					
Circle all that apply:								
Headache Visual disturbances Cough Dysphagia/Odynophagia Dyspnea Night sweats Fever Weight loss Fatigue Dermatitis Diarrhea Chronic Vaginitis Memory problems Neurological changes Paresthesias							s	
Difficulty concentrating  Details:								
OBJECTIVE: Vital signs: P R BP  DIRECTED PHYSICAL EXAM	WNL WIL	Ter			SICAL EXAM	и	WNL	ABN
SKIN			LUNGS					
HEENT			EXTREMIT	IES / FEET				
HEART			OTHER:					
Physical Exam Abnormalities:								
<u> </u>								
-								
ASSESSMENT  1. Circle which apply: HIV AIDS D  2Additional Diagnoses:			e): Good	Fair Poor				
INTERVENTIONS AND PLAN  Medication changes:			for initial treatm	•				
Diagnostics: □CBC□HIV antibody□Dia						near		
Education: Inutrition Invested management In	_							
Comments and Immediate Needs:		_						
Follow-up appointment in:		Provider	Signature:			Date	e	



# **CHRONIC CARE Hypertension Initial Visit**

Inmate Number

Booking Number



Today's Date

Date of Birth

	SUBJECTIVE: Review chart for other medical problems  ALLERGIES:										
Current Probler	ns:										
	tion:										
	iagnosis History			when? CVA when?	R	enal Disease I	Dialvsis				
	Circle all that apply)	(-,,-,-,			•		, ,				
		IDDM / DM	A	Alcoholismyears Dru	ıg Abuse						
Obesitylbs Hyperlipidemia Family History of Heart Disease, Who?											
	ms (circle all that apply):						=:				
		ortness of Br	reath	Syncope Orthopne	a Paroxys	mal Nocturnal					
Dyspn	ea Edema Pal	pitations		Pacemaker Stent/CAI	3G Date:						
		•			-						
OBJECTIVE:	Vital signs: P R	BI	P	Wt							
				DL HDL	Tria						
	Diagnostic Results:										
DIRECT		WNL	ABN	DIRECTED PHYSI	CAL FXAM	WNL	ABN				
SKIN	ED THIOIONE ENAIM	1000	71511	ABDOMEN	0/(2 2/0 1111	- 10.02	71211				
HEENT				EXTREMITIES							
HEART				NEURO							
LUNGS				OTHER:							
Physical Exam	Abnormalities:										
ASSESSMENT											
	<u>.</u> S <b>ION</b> ( <i>Circl</i> e one): Stage 1 (≥14	10/90) St	tage 2 (≥1	(160/100) Stage 3 (≥180/1	10)						
Degree of contr	ol (circle): Good Fair Po	or									
2. Cardiovasc	ular Disease (describe)										
	e of control (circle): Good F	air Poor									
Degree Additional Diag	noses										
Additional Diag											
Additional Diag	NS AND PLAN Use Treatm	ent Plan Forn	n CCS-CC	10 for initial treatment plan							
Additional Diag	NS AND PLAN Use Treatm										
INTERVENTION Medication char Diagnostics:	NS AND PLAN Use Treatm nges:										
INTERVENTION Medication char Diagnostics: Monitoring: BP:	NS AND PLAN Use Treatm nges: Use Treatm nges: vsequence Treatm nges: vsequence Treatm	k / month									
INTERVENTION Medication characteristics: Monitoring: BP: Education: □ nu	NS AND PLAN Use Treatm nges:x day / wee trition □weight management [	k / month ⊒diet □ dise	ease proc	ess□ smoking cessation□ex	•		ıt				
INTERVENTION Medication characteristics: Monitoring: BP: Education: □ nu	NS AND PLAN Use Treatm nges: Use Treatm nges: vsequence Treatm nges: vsequence Treatm	k / month ⊒diet □ dise	ease proc	ess□ smoking cessation□ex	•		ıt				



#### **Initial Visit for Multiple Medical Problems** Page 1 of 5



Today's Date

Date of Birth

Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date						
SUBJECTIVE: Review chart for other medical	problems ALI	_ERGIES:								
	_									
Current problems:										
□ <u>ASTHMA / COPD</u>										
Onset of Disease:	Smoking History:									
Date of last exacerbation: Frequency of exacerbation:per										
Aggravating Factors (circle all that apply)	<b>:</b>									
Seasonal Changes Polle	n Dust	Smog Cigarette	Smoke E	Exercise						
Pets Othe	r <sub>:</sub>									
Prior asthma hospitalization?	Yes No Date	e:								
Endotracheal intubation required?	Yes No If ye	es, approx date:								
Typical peak flow: Date of last spirometry (if known):										
Chronic cough? Yes No Productive cough? Yes No N/A										
Medications (including Nebs): Name/ Dosage/ Frequency										
Adherent to meds? Yes No	If no, then give reas	on:								
Steroids used to treat? Yes No Uni	known Nar	ne/ dosage / when:								
□ <u>DIABETES</u>										
Type of Diabetes (Circle one): 1 2	Onset of Disease									
Date of last Urinalysis and results (if known	wn):	Last Dilated Fund	lus Examination	F						
Current medication(s)										
Circle all that apply:										
Adherent to medication / diet Drug/Alco	hol abuse Frequent i	nfections Recent w	elght changes	Chest Pain						
Shortness of Breath (exercise / rest) Excessive	Thirst Frequent	Urination at night Vision di	fficulties / known retlno	pathy						
Slow Healing sores on legs or feet Neuropath	ny Kidney T	rouble Smoking	3							
Other:										
Frequency of finger-stick glucose:	Typical res	sults: =	A1C:							



#### Initial Visit for Multiple Medical Problems Page 2 of 5



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
□ <u>HIV</u>	<u>"= = = = = = = = = = = = = = = = = = = </u>			
Initial Year of Diagnosis Result	of initial PPD	Result of in	itial CXR	
Medication at entry:	=======================================		-	
Adherent to medical recommendations?				
Past Medical History/Review of Systems:				
Physician:		Pharmacv		
Last CD4 Count				
	-			-
HIV (con't)				
Opportunistic Infections (Circle):				
Candidiasis CMV Cryptococ	cus Histoplasmosis	Herpes Simplex N	MAC TB PC	P Toxoplasmosis
Other:	lf (+), list date	es:		
Circle all that apply:				
Headache Visual disturb	<b>-</b>		/Odynophagia	Dyspnea
Night sweats Fever Diarrhea Chronic Vagi	Weight los nitis Memory p	•	al changes	Dermatitis Paresthesias
Difficulty concentrating				
Details:				
□HTN / CAD Dx:				
Current Medication:				
Initial Year of Diagnosis				
Adherent to meds / diet? Yes No				
History of: (circle) MI when?	CVA when?	Renal Disease	Dialysis	
Risk Factors: (Circle all that apply)		k-B D	A b	
Smoking packs/day x		coholismyears Di	_	
Obesity IDDM / DM Hy	репіріценна га	mily History of Heart Dis	sease, wild?	
Current symptoms (circle all that apply):  Headaches Chest Pain Sh	nortness of Breath	Syncope Orthopn	oo Parovvema	Il Nocturnal Dyspnea
	ncemaker			ii Noctumai Dyspilea
			•	



#### Initial Visit for Multiple Medical Problems Page 3 of 5

Inmate Number

Booking Number



Today's Date

Date of Birth

□SEIZURE DISORDER						
Seizure etiology (circle): Dr	ugs Alcohol Tr	auma Othe	r			
Seizure Type (circle): Gen	eralized Parti	al Complex	Other			
Last Seizure F	equency of Seizure	es		Ph	ysician	
Medication at entry:						
Initial Year of Diagnosis	Last dos	e of medication	on			
Medical side effects (circle):						
Ataxia Tremors	Sedation Impa	ired cognition	Other:			
Last Head CT / MRI	Last EEG	Re:	sults:			
□HEALTH MAINTENANCE						
Last flu shot Last pne	umovax Last	colonoscopy	N/A L	₋ast Digital l	Rectal Exam _	
Last Pap smear N/A	Lost Mommogram	NI/A	Completed	Uan:∧ / Uai	n R chat carios	Yes No N/A
Last Fap silleal N/A	Last Mailinogram	19//	Completed		D SHOT SCHES	163 NO NA
□OTHER						
DOTTER						
Chronic Care Condition:						
Current Problems:						
OTHER (con't)						
Onset of Disease:	Smok	ing History:				
Current Medication:						
R <del></del>						
( <del></del>						





#### **Initial Visit for Multiple Medical Problems** Page 4 of 5



	Patient Name	Inmate	e Number	B	ooking Number	Date of Birth	Today'	s Date
	OBJECTIVE:Vital signs: P R _ Peak Flow (asthma) O₂Sat (CCLab/ Diagnostic Results:					=,		
Ť	DIRECTED PHYSICAL WNL	ABN	NOT DONE	DIRE	CTED PHYSICAL EX	AM WN	IL ABN	NOT DONE
-	SKIN/ EXTREMITIES	ADIT	DONE	ABDO		, , , , , , , , , , , , , , , , , , ,	7,5,	DONE
ŀ	HEENT/NECK			GU/RE				
_ h	HEART			NEUR				
	LUNGS			OTHE	R:			
	Physical Exam Abnormalities:							
	ASSESSMENT (Check all that apply):		CCS Definit		isease Control and Clinical		Severe Pers	istent
	Degree of control (circle):	Good	Fair F	Poor				
	□COPD							
	Degree of control (circle):	Good	Fair P	oor				
	DIABETES MELLITUS (Circle one):	Type	e 1	Туре 2	Type 2 on insuli	n		
	Degree of Control (Circle one):			=air	Poor			
	DHIV / AIDS	000			. 55.			
	Degree of control (circle):	Cood	Fair P	loor				
	□HTN / CAD	Good	raii r	001				
		01	·	·· •	0 (5 400 (400)	01 0 /5-4	00(440)	
	HYPERTENSION (Circle one):	_			tage 2 (≥160/100)	Stage 3 (21	80/110)	
	Degree of control (circle): Goo			r				
	Cardiovascular Disease (desc	ribe)						
	Degree of control (circle): Goo	d Fa	ir Poo	r				
	□SEIZURE DISORDER – Secondary to	):					3	
	Degree of control (circle): Goo	d Fa	air Poo	r				
	□OTHER (describe)							
	Degree of control (circle): Goo		air Poo	r				



#### **Initial Visit for Multiple Medical Problems** Page 5 of 5

Inmate Number

Booking Number



Today's Date

Date of Birth

Medication changes:  Diagnostics:   Chest x-ray   EKG   Fasting Lipid Profile   CD4   Viral load   Diagnostic Panel 1/3   Pap Smear Drug levels:   x day / x week / x month BP:   x day / week / month    Education:   Ddiet/nutrition   medication   Ddisease process   Smoking cessation   Dexercise   Symptom management    Restrictions:   Bottom bunk ordered   Bottom bunk with seizure precautions (lower level, no working with power tools or at heights, no driving) ordered   Activity Restrictions (specify):    Comments and Immediate Needs:   Measurable Treatment Goal (with timeframe):    Other Orders:   Other Orders:   Other Orders   O	INTERVENTIONS A	ND PLAN Use Treatment Plan Form CCS-CC10 for initial treatme	ent plan
Diagnostics:   Chest x-ray   EKG   Fasting Lipid Profile   CD4   Viral load   Diagnostic Panel 1/3   Pap Smear Drug levels:   X day / X week / X month BP:   X day / week / month BP:   X day / week / month BP:   Smoking cessation   Exercise   Symptom management Restrictions:   Bottom bunk ordered   Bottom bunk with seizure precautions (lower level, no working with power tools or at heights, no driving) ordered   Activity Restrictions (specify):   Comments and Immediate Needs:   Measurable Treatment Goal (with timeframe):   Other Orders:   Other Orders:   Other Orders:   Comments   Comment			
Drug levels: x day / x week / x month  BP: x day / week / month  Education: □diet/nutrition □medication □disease process □smoking cessation □exercise □symptom management  Restrictions: □ Bottom bunk ordered □ Bottom bunk with seizure precautions (lower level, no working with power tools or at heights, no driving) ordered □ Activity Restrictions (specify):  Comments and Immediate Needs:  Measurable Treatment Goal (with timeframe):  Other Orders:	-		
Monitoring: Fingerstick Glucose x day / x week / x month  BP: x day / week / month  Education: □diet/nutrition □medication □disease process □smoking cessation □exercise □symptom management  Restrictions: □ Bottom bunk ordered □ Bottom bunk with seizure precautions (lower level, no working with power tools or at heights, no driving) ordered □ Activity Restrictions (specify):	_		_ Singilicate ( and ) if a _ in ap eliment
BP:x day / week / month  Education:	-		x month
Education:   diet/nutrition   medication   disease process   smoking cessation   exercise   symptom managemen   Restrictions:   Bottom bunk ordered   Bottom bunk with seizure precautions (lower level, no working with power tools or at heights, no driving) ordered   Activity Restrictions (specify):   Comments and Immediate Needs:   Measurable Treatment Goal (with timeframe):   Other Orders:   Other Orders:   Other Orders:   Other Orders			
Restrictions:			essation  □exercise □symptom managemen
(lower level, no working with power tools or at heights, no driving) ordered    Activity Restrictions (specify):			
□ Activity Restrictions (specify):	□ E	ottom bunk with seizure precautions	
Comments and Immediate Needs:			
Measurable Treatment Goal (with timeframe): Other Orders:		ctivity Restrictions (specify):	
Other Orders:	Comments and Imm	ediate Needs:	
Other Orders:	Measurable Treatmen	g Goal (with timeframe):	
Other Orders:	<del></del>		
	Other Orders:		
	<u> </u>		
Follow-up appointment in: Provider Signature: Date:	-		
Follow-up appointment in: Provider Signature: Date;			Detec
	Follow-up appointm	ent in: Provider Signature:	Date:



## Periodic Exam or Follow-Up Visit



Today's Date

Date of Birth

(This is a two page pathway)

Booking Number

Inmate Number

1							
List Chronic Diseases:							
☐ Asthma/COPD ☐ TB Chemopro	phylaxis	☐ CAD/CHF	□ Diabetes □ HIV □ Hy	pertension	□ Seizu	res	
☐ Other:			-				
Attached pharmacy profile or list of							
SUBJECTIVE: (Any problems since	ast visit –	- include pertinent i	negatives) ALLERGIES: _				
Asthma: # attacks in last month?			Seizure disorder: # seizure	es since la	st visit?		
# short acting beta agonist canisters		onth?					it?
# times awakening with asthma symp				0 0	# I	bs	
CV/hypertension (Y/N): ☐ Chest F	Pain	□ SOB	☐ Palpitations		Ankle Ede	ma	
HIV/HCV:	, [	⊐Abdominal pain	/swelling Diarrhea	a 🗆	Rashes/le	sions	
For all diseases, since last visit, desc	ribe new :	symptoms:					
Patient adherence: with medi	cations? [	DY DN	with diet? ☐ Y ☐ N v	vith exercis	se?□Y□	1 N	
Vital signs: TempBP			•				
Labs: Hgb A1CHIV VL_		CD4T	Total CholLD	L	_HDL	Trig_	
Range of fingerstick glucose/BP m	onitorinç	g:					
PE:							
DIRECTED PHYSICAL W	/NL A	ABN NOT DONE	DIRECTED PHYSICAL	EXAM	WNL	ABN	NOT DONE
SKIN/ EXTREMITIES			ABDOMEN				
HEENT/NECK			GU/RECTAL				
HEART			NEURO				
LUNGS			OTHER:				
Physical Exam Abnormalities:							
					ree of Cont		ical Status
Assessment:				G	F P N	A I S	W NA
1.							
2.				1.000		200	III - S-SI XIII
3.						2000	
4.						] [ ]	



## Periodic Exam or Follow-Up Visit



(This is a two page pathway)

	Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
	Plan: Medication changes: Diagnostics: Labs:				
	Monitoring: BPx day/wee Education provided: □ Nutrition I Measurable Treatment Goal (with time	ek/month Glucose □Exercise □ Smoking	x day/week/month  Test results  Medica	ation management	□ Other:
,		I 30 □ Other	Chronic care program: Discharged from	om CCC:[name]_	*
Γ	Provider Signature:			Date	э:



# **Practitioner Order Set for Initial Chronic Care Visit**



Patient No	ате	Inmate Number	Booking Number	Date of Birth	Today's Date				
4470.50									
Physici		NITIAL HCP VISIT O	F EACH INCARCERATION ( Allergies:	ONLY**					
			_						
Date &	Time of Initiation:		Another brand of dru unless checked: □	Another brand of drug identical in form may be dispensed unless checked:					
	PLEASE CLEARLY IN NECESSARY TO AVO	IDICATE THE ORD	ER SET(S) TO BE USED	AND ADJUST OR	DER SETS AS				
	ASTHMA / COPD	NO DOI LIOITITE	OND ENG.						
	Peak flow								
	Offer Influenza vaccine vaccinated)	0.5cc IM (if exam o	occurs during flu season a	nd patient has not a	already been				
	DIABETES								
	Continue finger-stick b	ood alucose checks	s alternating BID / QDay /	Twice Weekly / Qw	eek				
			occurs during flu season a						
	Weigh patient and doc	ument							
	HTN / CAD								
	Obtain baseline EKG	re checks QDay / I	wice Weekly / Qweek / Biv	reekly / QMonth X	Days				
	Weigh patient and doc	ument							
	HIV								
	Obtain CD4, Viral Load								
	vaccinated)	·	occurs during flu season a						
	Obtain baseline Pap Si provider or from recent		age 21-64 (unless recent tion)	Pap Smear docum	ented from outside				
	Weigh patient and doc	ument							
	HYPERLIPIDEMIA								
	Obtain Diagnostic Pane	=							
	Weigh patient and doc								
	051711050								
	SEIZURES								
	Initiate the following res no driving X 90 days.	strictions: bottom b	unk, lower level, no workir	g with power tools	, no working at heights,				
	OTHER ORDERS (INC	I UDING MEDICA	TIONS)						
	Follow-up 30 days / 60								
	Follow-up 6 months / 1		hyperlipidemia only)						
	,	V							





Patient Name			P	atient	Number	Booking Number			Date of Birth		Today's Date
Age						Email .					
Address						Emergency Cor	tact				
Phone (Home)			Aloris)			Relationship					
Father of Ba	by		Nork)			Phone					
G I	P					nsurance Info					
	EDC	DETERM	INATIC	NO		1 1 1	QU	ICK (	CHECKLI	ST	
LMP (Sure?		Date	Gest.	Age	EDC	INITIAL EXAM INITIAL LABS		JNED		_	AFP GCT
INITIAL EX	AM .					TUBAL		MINED			GBS
FHR DOPP						PN REC to L&					40.14
ULTRASOL REPEAT U						30 Weeks Breast	Bottle		Weeks		40 Weeks res or no
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E, I'I	Pi	ROBLEM	LIST	-11	THE STATE OF	4 - 4 - 3 -			CATIONS		
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5						ALLERGIES:					
DATE	OFOT				REVIOUS PR	EGNANCIES		A 100	IN IEAN IE	- 0.0	ALD LOATIONS
DATE (Mo/Yr)	GEST.	DEL TYPE	LENG1		OBSTETRIC COMPLICATIO	NS	INFA SEX		INFANT WEIGHT	CC	OMPLICATIONS
		SVD / CS	(hrs)								
1											
2											
3				-							
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6											
	- 1				NT EDUCAT						
1st TRIMES		Date/Cor	nments			Date/Comme	ents			3	Date/Comments
Vitamins/Iron	1				mmon mptoms			Com	mon otoms		
Common Syl	mptoms				gns of Prem.				s of Labor	+	
ourmen ey	ptoo				bor			Olg.	01 20001		
Nutrition/Wt. Gain		Pro	enatal Classes		Analgesia Anesthesi		thesia				
Work/Exercise			east/Bottle				Procedures				
Sexuality/Far	mily			Qu	iickening			Episi	otomy		
Signs of Misc	carriage			Cir	cumcision			Work	/Exercise		
Tobacco/EtC	H/Drugs			C/	S Possibility			Sexu	ality		
Safe OTC M	eds				ontraception / bal			Cont	raception		
Hyperemesis	<b>S</b>				bal Paperwork			Well	Child Care		
	aw Meat)				wborn Car Seat	1			sport Issues		





Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date
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				) ye			LA		and OTH		_		4							
INTITAL LABS				15 - 18 WK LABS					OTHER LABS											
DATE				R	ESUL	.T	DAT					RESI	JLT		ATE					RESUL
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		ibody	Scrn						Hgb/Hct											
		ella							GCT (<14											
	RPI								Rhogam?											
	HBs								NK LABS	(if ir	dica	ited)				l	JLT	RAS	INUO	)
		Trait							GBS	10550										
	HIV								GC/ Chlar	m										
	PAF								CBC											
		/Chlar							RPR											
	UA-	- Urine	e Cx																	
				F	LOV	SHI	EET-	–Res	can she	et af	ter e	each	rev	iew	date	,				
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	Patient Number	Booking Number	Date of Birth Today's L	Date
	INITIAL BUY			
		SICAL EXAM		
Date + =	= Positive/Abnormal (	) = Negative/Norm	nal Leave blank if not	examine
Pre- Preg.	Breasts		Uterus (SizeWks)	
Weight				
Current Weight	Abdomen		Adenexa	
Height	Extremities		Diagonal Conj.	
BP	Neuro		Mid Pelvis	
HEENT	Skin		Pubic Arch	
Neck/Thyroid	Ext. Genetalia		Bituberous	
Lungs	Vagina		Pelvic Type	
Heart Comments/Other:	Cervix		SVD Prognosis	
L - Desitive (Abo		CAL HISTORY	Logue blank if not examined	
+ = Positive/Abn	ormal 0 = Negative	/Normal	Leave blank if not examined	
Diabetes	ormal 0 = Negative STD's/HIV Exposu	/Normal re	THIS PREGNANCY	
Diabetes Hypertension	ormal 0 = Negative STD's/HIV Exposu Hx. Abnormal PAP	/Normal re	THIS PREGNANCY Headache	
Diabetes Hypertension Migraines	ormal 0 = Negative STD's/HIV Exposu Hx. Abnormal PAP Gyn. Surgery	/Normal re	THIS PREGNANCY Headache Nausea/Vomiting	
Diabetes Hypertension Migraines Epilepsy	ormal 0 = Negative STD's/HIV Exposu Hx. Abnormal PAP Gyn. Surgery Anemia	/Normal re	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge	
Diabetes Hypertension Migraines Epilepsy Thyroid Disease	ormal 0 = Negative STD's/HIV Exposu Hx. Abnormal PAP Gyn. Surgery Anemia Hx. Transfusions	/Normal re	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge Vag. Bleeding	
Diabetes Hypertension Migraines Epilepsy Thyroid Disease Lung Disease/Asthma	ormal 0 = Negative STD's/HIV Exposu Hx. Abnormal PAP Gyn. Surgery Anemia Hx. Transfusions Psych Problems	/Normal re	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge Vag. Bleeding Abd. pain/Cramps	
Diabetes Hypertension Migraines Epilepsy Thyroid Disease Lung Disease/Asthma Heart Disease	ormal  0 = Negative  STD's/HIV Exposu  Hx. Abnormal PAP  Gyn. Surgery  Anemia  Hx. Transfusions  Psych Problems  Tobacco Use	/Normal re	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge Vag. Bleeding Abd. pain/Cramps Urinary Symptoms	)
Diabetes Hypertension Migraines Epilepsy Thyroid Disease Lung Disease/Asthma Heart Disease Kidney Disease	ormal  0 = Negative  STD's/HIV Exposu  Hx. Abnormal PAP  Gyn. Surgery  Anemia  Hx. Transfusions  Psych Problems  Tobacco Use  EtOH Use	/Normal re	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge Vag. Bleeding Abd. pain/Cramps	)
Diabetes Hypertension Migraines Epilepsy Thyroid Disease	ormal  0 = Negative  STD's/HIV Exposu  Hx. Abnormal PAP  Gyn. Surgery  Anemia  Hx. Transfusions  Psych Problems  Tobacco Use	/Normal re	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge Vag. Bleeding Abd. pain/Cramps Urinary Symptoms	
Diabetes Hypertension Migraines Epilepsy Thyroid Disease Lung Disease/Asthma Heart Disease Kidney Disease Liver Disease	ormal  0 = Negative  STD's/HIV Exposu  Hx. Abnormal PAP  Gyn. Surgery  Anemia  Hx. Transfusions  Psych Problems  Tobacco Use  EtOH Use	/Normal re	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge Vag. Bleeding Abd. pain/Cramps Urinary Symptoms	
Diabetes Hypertension Migraines Epilepsy Thyroid Disease Lung Disease/Asthma Heart Disease Kidney Disease Liver Disease	ormal  0 = Negative  STD's/HIV Exposu  Hx. Abnormal PAP  Gyn. Surgery  Anemia  Hx. Transfusions  Psych Problems  Tobacco Use  EtOH Use	/Normal re	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge Vag. Bleeding Abd. pain/Cramps Urinary Symptoms	
Diabetes Hypertension Migraines Epilepsy Thyroid Disease Lung Disease/Asthma Heart Disease Kidney Disease Liver Disease	ormal  O = Negative  STD's/HIV Exposu  Hx. Abnormal PAP  Gyn. Surgery  Anemia  Hx. Transfusions  Psych Problems  Tobacco Use  EtOH Use  Street Drug Use	/Normal re	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge Vag. Bleeding Abd. pain/Cramps Urinary Symptoms Meds Taken (OTC/Rx	
Diabetes Hypertension Migraines Epilepsy Thyroid Disease Lung Disease/Asthma Heart Disease Kidney Disease Liver Disease Comments/Other:	STD's/HIV Exposu Hx. Abnormal PAP Gyn. Surgery Anemia Hx. Transfusions Psych Problems Tobacco Use EtOH Use Street Drug Use  FAMILY HISTORY/G	/Normal re  ENETIC SCRE	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge Vag. Bleeding Abd. pain/Cramps Urinary Symptoms Meds Taken (OTC/Rx	
Diabetes Hypertension Migraines Epilepsy Thyroid Disease Lung Disease/Asthma Heart Disease Kidney Disease Liver Disease Comments/Other:  + = Positive/Abi	STD's/HIV Exposu Hx. Abnormal PAP Gyn. Surgery Anemia Hx. Transfusions Psych Problems Tobacco Use EtOH Use Street Drug Use  FAMILY HISTORY/G normal  O = Negative	/Normal re  ENETIC SCRE	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge Vag. Bleeding Abd. pain/Cramps Urinary Symptoms Meds Taken (OTC/Rx	
Diabetes Hypertension Migraines Epilepsy Thyroid Disease Lung Disease/Asthma Heart Disease Kidney Disease Liver Disease Comments/Other:  + = Positive/Abi Age > 35	STD's/HIV Exposu Hx. Abnormal PAP Gyn. Surgery Anemia Hx. Transfusions Psych Problems Tobacco Use EtOH Use Street Drug Use  FAMILY HISTORY/G normal 0 = Negative	/Normal re  ENETIC SCRE	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge Vag. Bleeding Abd. pain/Cramps Urinary Symptoms Meds Taken (OTC/Rx  EENING Leave blank if not examined Twins	
Diabetes Hypertension Migraines Epilepsy Thyroid Disease Lung Disease/Asthma Heart Disease Kidney Disease Liver Disease Comments/Other:  + = Positive/Abi Age > 35 Hypertension	STD's/HIV Exposu Hx. Abnormal PAP Gyn. Surgery Anemia Hx. Transfusions Psych Problems Tobacco Use EtOH Use Street Drug Use  FAMILY HISTORY/G normal 0 = Negative Epilepsy Hemophelia	/Normal re  ENETIC SCRE	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge Vag. Bleeding Abd. pain/Cramps Urinary Symptoms Meds Taken (OTC/Rx  ENING Leave blank if not examined Twins Neural Tube Defects	
Diabetes Hypertension Migraines Epilepsy Thyroid Disease Lung Disease/Asthma Heart Disease Kidney Disease Liver Disease Comments/Other:  + = Positive/Abi Age > 35 Hypertension Heart Disease	STD's/HIV Exposu Hx. Abnormal PAP Gyn. Surgery Anemia Hx. Transfusions Psych Problems Tobacco Use EtOH Use Street Drug Use  FAMILY HISTORY/G normal 0 = Negative Epilepsy Hemophelia Sickle Cell	/Normal re  ENETIC SCRE	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge Vag. Bleeding Abd. pain/Cramps Urinary Symptoms Meds Taken (OTC/Rx  ENING Leave blank if not examined Twins Neural Tube Defects Down's/M.R.	
Diabetes Hypertension Migraines Epilepsy Thyroid Disease Lung Disease/Asthma Heart Disease Kidney Disease Liver Disease Comments/Other:  + = Positive/Abi Age > 35 Hypertension Heart Disease Cancer	STD's/HIV Exposu Hx. Abnormal PAP Gyn. Surgery Anemia Hx. Transfusions Psych Problems Tobacco Use EtOH Use Street Drug Use  FAMILY HISTORY/G normal 0 = Negative Epilepsy Hemophelia Sickle Cell Tay Sachs Disease	ENETIC SCRE	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge Vag. Bleeding Abd. pain/Cramps Urinary Symptoms Meds Taken (OTC/Rx  EENING Leave blank if not examined Twins Neural Tube Defects Down's/M.R. Prior Congen. Abnormality	
Diabetes Hypertension Migraines Epilepsy Thyroid Disease Lung Disease/Asthma Heart Disease Kidney Disease Liver Disease Comments/Other:  + = Positive/Abi Age > 35 Hypertension Heart Disease	STD's/HIV Exposu Hx. Abnormal PAP Gyn. Surgery Anemia Hx. Transfusions Psych Problems Tobacco Use EtOH Use Street Drug Use  FAMILY HISTORY/G normal 0 = Negative Epilepsy Hemophelia Sickle Cell	ENETIC SCRE	THIS PREGNANCY Headache Nausea/Vomiting Vag. Discharge Vag. Bleeding Abd. pain/Cramps Urinary Symptoms Meds Taken (OTC/Rx  ENING Leave blank if not examined Twins Neural Tube Defects Down's/M.R.	





Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date

	RISK STRATIFICATION							
AT RISK FACTORS:	[ ] Isoimmunization (ABO, etc.)	[ ] Congenital/chromosomal abnorm.						
[ ] Age < 15 or > 35	[ ] Hemorrhage with previous	[ ] Hemoglobinopathies						
[ ] < 8th grade education	delivery	[ ] Isoimmunization (Rh)						
[ ] Cardiac disease (Class I or II)	[ ] Previous preeclampsia	[ ] Alcohol or drug abuse						
[ ] Active tuberculosis	[ ] No family support	[ ] Habitual abortions						
[ ] Chronic pulmonary disease	[ ] 2nd pregnancy within 12 mos.	[ ] Incomplete cervix						
[ ] Thrombophlebitis	[ ] Smoking	[ ] Prior fetal or neonatal death						
[ ] Endocrinopathy		Prior neuro. damaged infant						
[ ] Epilepsy (on medication)		Significant social problems						
[ ] Infertility (treated)	HIGH RISK FACTORS:							
[ ] 2 previous abortions	[ ] Age > 39	SUMMARY:						
[ ] > 6 deliveries	[ ] Diabetes	[ ] No risk factors						
Previous preterm or SGA baby	[ ] Hypertension	[ ] At risk						
[ ] Previous baby > 4,000 gms	[ ] Cardiac Disease (class III or	[ ] At high risk						
2 X	IV)							
	[ ] Chronic Renal Disease							

# CHRONIC CARE Seizure Disorder Initial Visit



Patient Name	Inmate Num	ber	Booking Number	Date of Birth	Today's Date	
SUBJECTIVE: Review chart for other medical p	problems			1,5	-),	
Current problems:  Seizure etiology (circle): Alcohol or Drug Seizure Type (circle): Generalized  Last Seizure Frequency of S  Medication at entry: Initial Year of Diagnosis Medical side effects (circle):  Ataxia Tremors Sedation  Last Head CT Last MRI	Withdrawa Partial Co seizures	al Pos omplex cognition	ot Traumatic Other Other:P	hysician ad	Iherent? Yes	No
OBJECTIVE: Vital signs: P R Lab Results:	BP.	\	<b>∨</b> t			
DIRECTED PHYSICAL EXAM	WNL	ABN	DIRECTED PHY	SICAL EXAM	WNL	ABN
SKIN			EXTREMITIES			
HEENT			FEET (sensory exam & s			
HEART			PULSES (dorsal pedalis	& posterior tibiali	s)	
LUNGS						
Physical Exam Abnormalities:						
ASSESSMENT:						
Seizure Disorder – Secondary to:					<del></del>	
Degree of control (circle): Good	Fair	Poor				
2						
Additional Diagnoses						
INTERVENTIONS AND PLAN Use Treatm	ent Plan For	n	10 for initial treatment plan			
			•			
Medication changes:						
Bottom Bunk Ordered 🗅						
Education: Inutrition In weight management						
Comments and Immediate Needs:						
Follow-up appointment in:			Provider Signature:			



# **Treatment Plan**



Patient Name		Inmate Number	Booking Number	Date of Birth	Today's Date					
L										
□ Initial Treatmen	at Blan	T ∧ddondum to ovi	ating Treatment Plan							
☐ Initial Treatment Plan ☐ Addendum to existing Treatment Plan										
Medical condition	to be addressed:									
Diagnostic Needs	·									
	1,									
Treatment Goals	2.									
	3.									
Intervention:	Goal:									
	Service Modality (Nurse	e, Social Worker, Etc) a	nd Process:							
	Anticipated Date for G	oal attainment:								
Educational	Service Modality (Nurse	e, Social Worker, Etc) a	nd Process:							
Interventions										
	Anticipated Data for a	a al attainma anti								
	Anticipated Date for go	oai attainment:								
	Review Date for Treatment Plan  □Follow Up Appointment:									
	munent.									
-	Provider Signature			— Date						

